

In the Claims

Please cancel claim 13 without prejudice and add claims 53 and 54. Please also amend claims 2, 5, 8-12, 13-19, 23-29 and 35-37 as follows:

1. (Canceled)
2. (Currently Amended) A method of delaying the need for, or reducing the frequency of, dialysis treatments of a mammal afflicted with acute renal failure, the method comprising administering to said mammal a therapeutically effective amount of an OP/BMP renal therapeutic agent comprising a polypeptide comprising a sequence at least 70% homologous to the C terminal seven-cysteine domain of human OP-1, the sequence of the C terminal seven-cysteine domain of human OP-1 being set forth at residues 330-431 of human OP-1, wherein said renal therapeutic agent:
 - (a) induces chondrogenesis in an ectopic bone assay;
 - (b) prevents, inhibits, delays or alleviates loss of renal function resulting from acute renal failure in an animal model of acute renal failure; or
 - (c) causes a clinically significant improvement in a standard marker of renal function when administered to a mammal in, or at risk of, acute renal failure,
thereby delaying the need for, or reducing the frequency of, dialysis treatments of a mammal afflicted with acute renal failure.
- 3-4. (Canceled)
5. (Currently Amended) The method of claim 2 or 53, wherein said renal therapeutic agent comprises a polypeptide consisting of at least a C-terminal cysteine domain of a protein selected from the group consisting of a pro form, a mature form, and a soluble form of a polypeptide selected from the group consisting of OP-1, OP-2, OP-3, BMP2, BMP3, BMP4, ~~BMP5~~ BMP5, BMP6, and BMP9.
6. (Previously Presented) The method as in claim 5 wherein said renal therapeutic agent comprises a polypeptide consisting of at least a C-terminal cysteine domain of a protein

selected from the group consisting of a pro form, a mature form, and a soluble form of human OP-1.

7. (Canceled)
8. (Currently Amended) The method of claim 2 or 53 wherein said polypeptide has at least 75% homology with an amino acid sequence of a seven-cysteine domain of human OP-1.
9. (Currently Amended) The method of claim 2 or 53 wherein said polypeptide has at least 80% homology with an amino acid sequence of a seven-cysteine domain of human OP-1.
10. (Currently Amended) The method of claim 2 or 53 wherein said polypeptide has at least 60% identity with an amino acid sequence of a seven-cysteine domain of human OP-1.
11. (Currently Amended) The method of claim 2 or 53 wherein said polypeptide has at least 65% identity with an amino acid sequence of a seven-cysteine domain of human OP-1.
12. (Currently Amended) The method of claim 2 or 53 wherein said polypeptide has at least 70% identity with an amino acid sequence of a seven-cysteine domain of human OP-1.
13. (Canceled)
14. (Currently Amended) The method of claim 2 or 53 wherein said renal therapeutic agent is selected from the group consisting of human osteogenic proteins and human bone morphogenic proteins.
15. (Currently Amended) The method of claim 2 or 53 wherein serial determination of BUN in said mammal indicates a rate of increase in BUN of at least 2 to 4 mmol/L/day (5 to 10 mg/dL/day).

16. (Currently Amended) The method of claim 2 or 53 wherein serial determination of BUN in said mammal indicates a rate of increase in BUN of at least 4 to 8 mmol/L/day (10 to 20 mg/dL/day).
17. (Currently Amended) The method of claim 2 or 53 wherein serial determination of serum creatinine in said mammal indicates a rate of increase in serum creatinine of at least 20 to 40 μ mol/L/day (0.25 to 0.5 mg/dL/day).
18. (Currently Amended) The method of claim 2 or 53 wherein serial determination of serum creatinine in said mammal indicates a rate of increase in serum creatinine of at least 40 to 80 μ mol/L/day (0.5 to 1.0 mg/dL/day).
19. (Currently Amended) The method of claim 2 or 53 wherein said mammal is afflicted with a condition selected from the group consisting of pre-renal causes of acute renal failure, post-renal causes of acute renal failure, and intrinsic renal causes of acute renal failure.
20. (Previously Presented) The method of claim 19 wherein said mammal is afflicted with a pre-renal cause of acute renal failure selected from the group consisting of decreased cardiac output, hypovolemia, volume redistribution, and altered vascular resistance.
21. (Previously Presented) The method of claim 19 wherein said mammal is afflicted with a post-renal cause of acute renal failure selected from the group consisting of ureteral, pelvic and bladder obstructions.
22. (Previously Presented) The method of claim 19 wherein said mammal is afflicted with an intrinsic renal cause of acute renal failure selected from the group consisting of abnormalities of the vasculature, abnormalities of the glomeruli, acute interstitial nephritis, intratubular obstruction, and acute tubular necrosis.
23. (Currently Amended) The method of claim 2 or 53 wherein said mammal is a kidney transplant recipient.

24. (Currently Amended) The method of claim 2 or 53 wherein said mammal possesses only one kidney.
25. (Currently Amended) The method of claim 2 or 53 wherein said administration is oral.
26. (Currently Amended) The method of claim 2 or 53 wherein said administration is parenteral.
27. (Currently Amended) The method of claim 2 or 53 wherein said administration is intravenous.
28. (Currently Amended) The method of claim 2 or 53 wherein said administration is intraperitoneal.
29. (Currently Amended) The method of claim 2 or 53 wherein said administration is into the renal capsule.
30. (Previously Presented) The method of claim 26 wherein a stent has been implanted into said mammal for said administration.
31. (Previously Presented) The method of claim 30 wherein said stent is an intravenous stent.
32. (Previously Presented) The method of claim 30 wherein said stent is an intraperitoneal stent.
33. (Previously Presented) The method of claim 30 wherein said stent is a renal intracapsular stent.
34. (Previously Presented) The method of claim 26 wherein said administration is by an implanted device.

35. (Currently Amended) The method of claim 2 or 53 wherein said administration is daily for a period of at least about one week.
36. (Currently Amended) The method of claim 2 or 53 wherein said administration is at least once a week for a period of at least about one month.
37. (Currently Amended) The method of claim 2 or 53 wherein said renal therapeutic agent is administered at a dosage of about 0.01-1000 µg/kg body weight of said mammal.
38. (Previously Presented) The method of claim 37 wherein said renal therapeutic agent is administered at a dosage of about 0.1-100 µg/kg body weight of said mammal.

39-52. (Canceled)

53. (New) A method of delaying, preventing, inhibiting, or alleviating permanent or progressive loss of renal function in a mammal afflicted with acute renal failure, the method comprising administering to said mammal a therapeutically effective amount of an OP/BMP renal therapeutic agent comprising a polypeptide comprising a sequence at least 70% homologous to the C terminal seven-cysteine domain of human OP-1, the sequence of the C terminal seven-cysteine domain of human OP-1 being set forth at residues 330-431 of human OP-1, wherein said renal therapeutic agent:
 - (a) induces chondrogenesis in an ectopic bone assay;
 - (b) prevents, inhibits, delays or alleviates loss of renal function resulting from acute renal failure in an animal model of acute renal failure; or
 - (c) causes a clinically significant improvement in a standard marker of renal function when administered to a mammal in, or at risk of, acute renal failure, thereby delaying, preventing, inhibiting, or alleviating permanent or progressive loss of renal function in the mammal afflicted with acute renal failure.

54. (New) The method of claim 53, wherein the standard marker of kidney function is a rate of increase in BUN levels, rate of increase in serum creatine, static measurement of BUN, static measurement of serum creatine, glomenular filtration rate (GFR), ratio of BUN/creatinine, serum concentration of sodium (Na^+), urine/plasma ratio for creatine, urine/plasma ratio for urea, urine osmolarity, or daily urine output.